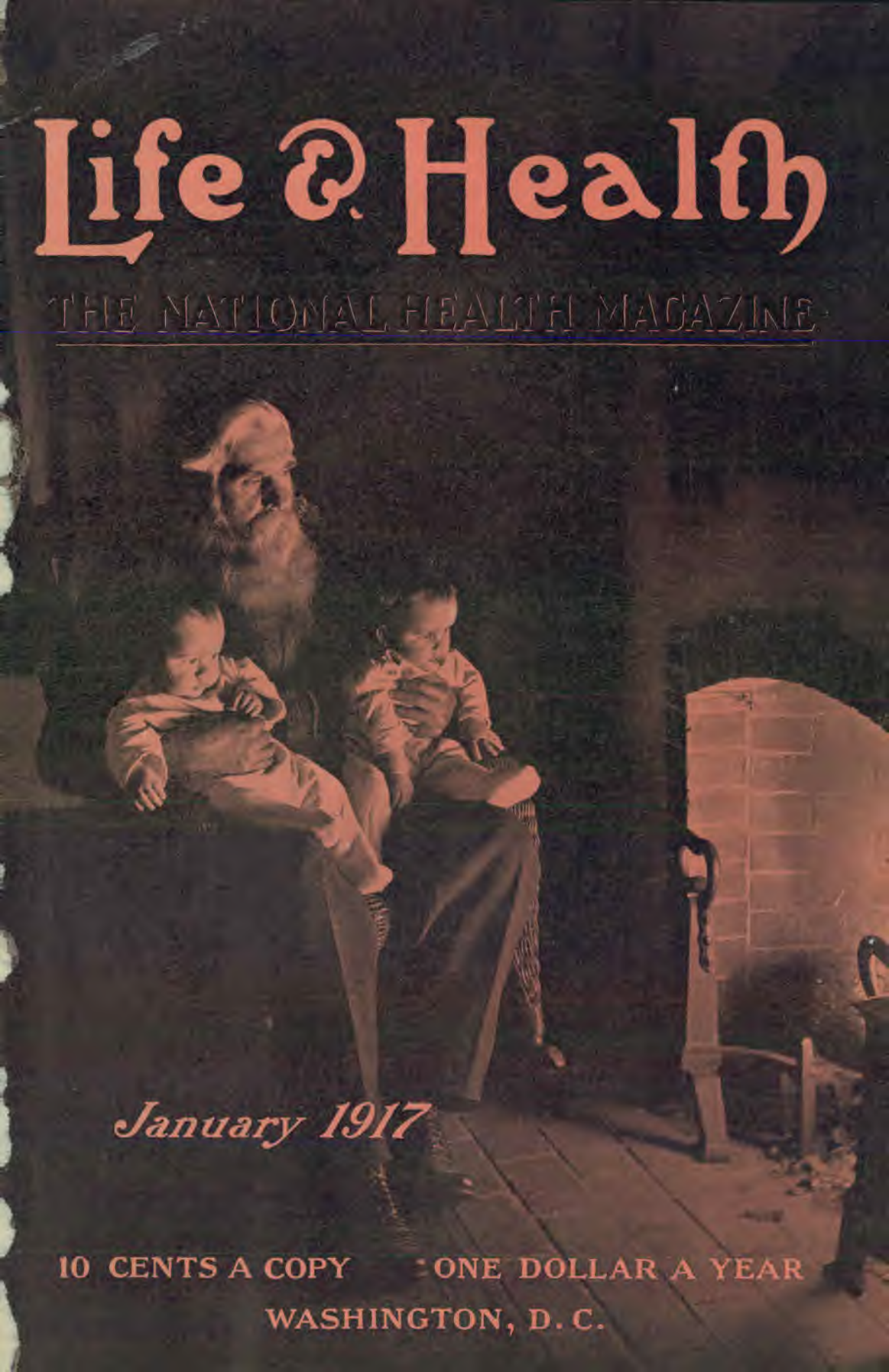
Life & Health

THE NATIONAL HEALTH MAGAZINE



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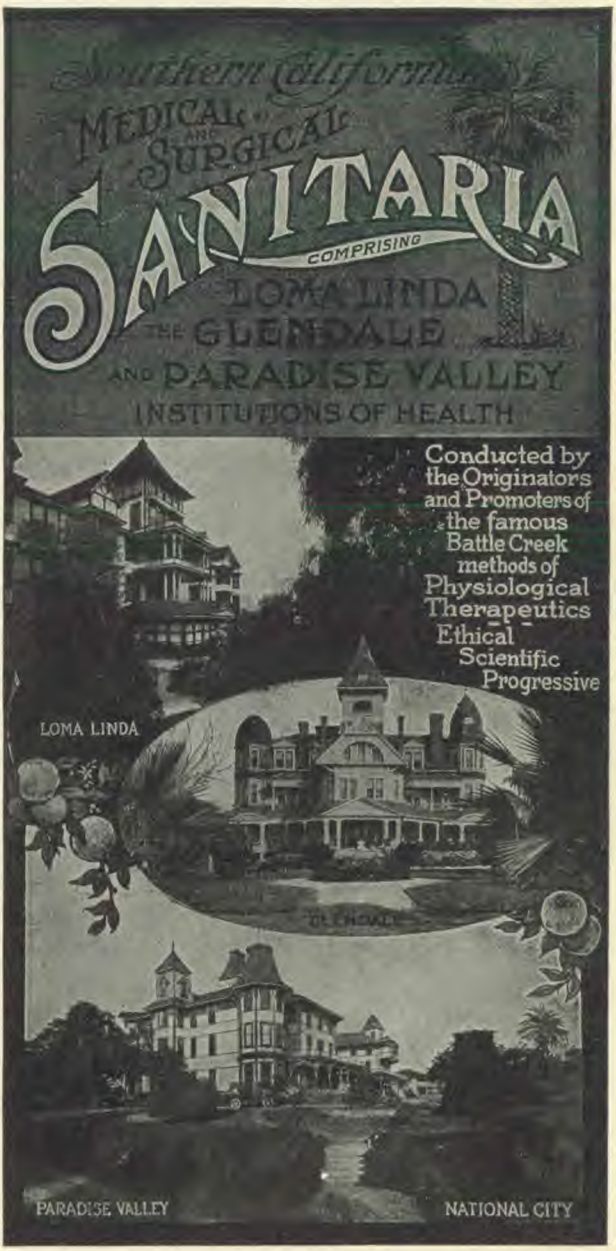

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LIFE AND HEALTH

January, 1917

Contents

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Photo by S. M. Harlan

WEST STEPS OF UNITED STATES CAPITOL

West end of the House of Representatives. John Marshall statue in the foreground.

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No. 1

Life & Health
THE NATIONAL HEALTH MAGAZINE

JANUARY
1917

AIM: To assist in the physical, mental, and moral uplift of humanity through the individual and the home.

G. H. HEALD, M. D., Editor

L. A. HANSEN, Associate Editor

Important Announcement

The health interest behind this journal dates back to the very beginning of the house by which it is published. The founders of the Review and Herald Publishing Association were identified with a propaganda of health principles that was destined to become of world importance in its scope and meaning.

Dating from the early fifties, this position has developed a health movement that is unique. Identified with this movement are a score or more of the leading health institutions in this country, and as many more abroad, following the same methods of rational treatment and keeping in the forefront of scientific medical research and practice; and health journals are published in various countries and languages.

Sensible reform measures advocated a half century and more ago, and generally indorsed by popular acceptance today, bear further witness to the value of the principles represented in the movement of which "Life and Health" is the leading exponent. If any change is seen in the future policy of the journal, it will be in the direction of a fuller and more distinctive reform tendency. As always, it will seek to avoid extreme or fanatical positions, and will give authoritative ground for all that it advocates.

The editorial staff of "Life and Health" is being formed with the view of making the magazine more definitely a medium of the organized health and temperance movement back of it. Dr. H. W. Miller, whose name will appear as editor, is a thorough student and an ardent advocate of rational and simple living. As a foreign medical missionary for a number of years, and superintendent of a large medical and surgical sanitarium in this country, his experience should be valuable in shaping the editorial policy of the magazine to meet the practical needs of its readers. The present editors will remain on the staff, to give their fullest cooperation in making "Life and Health" the truest, sanest, and best health journal published.

Beginning with the February issue, "Life and Health" will bear the subtitle "How to Live." This is significant of a noteworthy change in the scope of the magazine, which it is trusted will meet the hearty approval of all our readers.

During the remainder of 1917 each issue will be devoted largely to a symposium on one health topic, the following being already planned:—

February, The Cost of Living.
March, The Daily Program.
April, Home Treatment.
May, Rational Diet.

Other topics in contemplation are: Rest and Sleep, Outdoors and Exercise, Gospel of Health, Temperance, Stimulants and Narcotics, Patent Medicines. This schedule makes it necessary to treat the cost of living, as announced last month, as a symposium rather than as a monthly issue, although the importance of the subject will warrant giving further attention to it from time to time.

PUBLISHERS "LIFE AND HEALTH."

NEGLECTED COLDS

H. W. MILLER, M. D.

COLDS have their beginning in the nose and throat. Very important and complex functions are centered in the tissues of these and adjacent parts. Three special senses — taste, smell, and hearing — are located in this region. Moreover, the nasal and mouth openings are the entrances through which all nourishment — air, water, and food — passes into the body. Disease in the mouth and nose is like an enemy at war, discouraging and confusing the rank and file of the opponents by capturing their leaders. Pure air, water, and food passing through these diseased channels must necessarily be to some extent rendered impure and harmful, and will affect the parts to which they are afterward transmitted. Hence we find the cold spreading to the lungs, stomach, intestines, and other internal organs.

Too numerous are the ailments that result from neglected colds, to permit of description in this brief article. Only a few of the more marked will be mentioned, to emphasize the importance of giving early and prompt attention to a malady so common and so amenable to treatment. Neglected colds annually cut short thousands of useful lives, and the health of many of the survivors is often seriously impaired.

The swelling of the mucous membrane lining the nose obstructs the nostrils, and produces temporary loss of smell, and not infrequently permanent defect in the perception of odors. The air, which in passing through the nose is warmed and filtered from dust and dirt, is breathed in and out through the mouth, drying the tongue and mucous membranes, irritating and chilling the delicate lining of the lungs, and causing an overproduction of mucus. The presence of the mucus excites a cough, which is nature's way of expelling it. Bronchitis and pneumonia are common sequences of a continued cold.

The sense of taste is lost or impaired through the swelling of the tongue or dryness of its surface, due to mouth breathing during a cold.

Earache is so common an accompaniment of colds that in children it is almost always due to this cause, and the pain is often only a sign of serious disease of the ear, which may result in total deafness or in inflammation of the ear and mastoid cells. Frequently an operation is the only means by which the life of the sufferer can be saved. The ear is connected with the throat by a small tube, the opening of which is closed during a cold.

The tonsils, being one of the contiguous structures of the mouth, are affected by colds. Often an acute inflammation sets in, the glands of the neck swell, and the ever-vigilant tubercular germ, finding a splendid soil prepared for its growth and development, improves the opportunity. Large, tender tubercular glands make their appearance in the neck, which afterward break down and form running sores.

Many a severe cold that seemed hard to overcome after being neglected for a few days or weeks, brings severe remorse to the afflicted one when his physician finds tubercular germs in the sputum, and pronounces the disease pulmonary tuberculosis.

There are many cavities in the head which drain into the chambers of the nose. Two of these are just above the eyes, behind the eyebrows. The swelling of the membrane in the nose closes the openings into these cavities, and the obstruction of their drainage causes a dull, heavy feeling in the head, and sometimes an intense headache. Should one sneeze or blow the nose violently, some of the germs of the cold may be forced into one or more of these cavities, producing a disease commonly called sinusitis. This is the most common cause for operation on these infected cavities. Even the

tears, which are all the time being drained off through small tubes leading from the eyelids to the nose, are held back by the swollen condition of the lining of the nose, and hence they run over the edges of the lids and down the face. Not infrequently the ducts are found to be permanently closed by an untreated cold.

Colds so reduce the general strength and vitality that almost any disease germ will find the human host a ready victim. The degree of discomfort is comparable to almost any common malady, yet it is looked upon, because of its common occurrence, as of minor significance, to be treated only by cough drops, cough sirup, or some common household remedy, when in reality it is a disease, and leaves in its trail lifelong cripples. The time to get results with colds is at the inception, and a little time and expense sacrificed then will be well repaid. A cold that lasts more than a week should be regarded as serious, and medical advice should be sought.

* * *

CAUSE, PREVENTION, AND TREATMENT OF COLDS

BY THE EDITOR

THERE can be no reasonable doubt that a cold is an infection, the exciting cause being a minute organism which may be present in the nasal discharges of persons who are not at the time suffering from a cold. That is, there may be "carriers" of the germs producing colds as there are carriers of the germs of typhoid, diphtheria, pneumonia, infantile paralysis, and other diseases. We are coming to learn that the germs commonly known as "disease germs" do not in all cases produce disease. If they did, it would be a comparatively simple matter to isolate the diseased persons, and thus the disease would run out. But notwithstanding the most careful isolation of persons suffering from infectious disease, there constantly arise new cases through contact with unrecognized carriers. The problem of the unrecognized carrier is destined to be one of the greatest problems of preventive medicine, as it is the most difficult.

Sufficient experimental work has been done to show that the nasal discharges from a coryza (cold in the head) patient are certainly infectious, even when the discharges are greatly diluted; and the discharges from cases of chronic catarrh have also been found capable of producing an acute coryza.

Colds often appear in epidemics in which a large proportion of the people are infected. The virus at such times is probably more virulent than at other times. In the intervals of these epidemics there are sporadic or individual cases of acute cold, certain individuals in every community being more susceptible to attacks than others. Such persons usually have some defect in the nasal passages, perhaps a deviated septum, or some pocket or cavity which forms a favorable culture chamber where the germs multiply, but maintain a low degree of virulence. Some exposure, a draft, or cold feet, or some dietetic error, or perhaps loss of sleep, or exhaustion, lowers the resistance of the body. The mucous membrane of the nose or throat becomes dry — it always does at the beginning of a cold — and the germs have an opportunity to gain an entrance into the tissues.

Prompt and energetic treatment at this time will abort, or "break up," the cold before it gets under headway. The patient should go home, take a hot bath, and go to bed after drinking a glass of hot lemonade. A brisk purge may be advantageous. A hot bag to the feet and cold to the head is also good practice.

If the cold is not treated properly in this stage, there is next a profuse watery

discharge from the nose, and perhaps sore throat and inflamed tonsils; or the trouble may begin in the throat. In either case it tends to spread, beginning in one place, and then declining in severity as it spreads to adjoining tissues. It may thus attack nasal passages, eyes, throat, tonsils, Eustachian tubes and middle ears, larynx, and bronchi. The treatment, occasionally suggested in LIFE AND HEALTH, of "drinking through the nose," when carefully done, is useful.

The fluid used should be an alkaline antiseptic solution of about the temperature of the body, say 100°, and of such a density that it does not cause irritation. Any one of the standard alkaline antiseptic solutions is good for this purpose. Alkaline antiseptic tablets can be purchased, with directions for use. But one can improvise a very efficient preparation for home use. It can consist of table salt or baking soda, or table salt and baking soda mixed, or table salt, baking soda, and borax mixed. A teaspoonful should be dissolved in a pint of hot water; and when the water is cooled sufficiently to be comfortable to the nasal passages, it is ready for use.

It may be drawn up from the palm, but a better way is to put the entire quantity of solution into a tin can bent to fit the nose; then as the head is tilted forward a little, with the nose under the surface of the solution, draw in *very gently,* and the water will rise in the nasal passages and fall back into the pharynx, whence it may be ejected through the mouth. The process once learned is very simple. Care must be taken to avoid violence in suction, or in blowing the nose, as either will be liable to force water and infectious material into the Eustachian tubes, and thus cause bad ear trouble.

Formerly it was common to use a douche, to force the solution into the nose by gravity; but as this was sometimes followed by bad results, it has been largely abandoned. To follow the cleansing, one of the sprays containing mineral oil is soothing.

It is a decided advantage, where one can do so, to take a few nasal treatments for a cold. If they are properly given, they will very materially diminish the severity of the attack, and will leave the mucous membrane in much better condition than if untreated.

It is well during the height of the cold to use comparatively little carbohydrate food, and to live largely on milk, or milk and eggs.

The internal use of hexamethylenamine in five-grain doses, three times a day, has been recommended as an internal antiseptic. It may do some good.

For pharyngitis or tonsillitis, a throat compress may prove serviceable.

Before retiring at night, wring a handkerchief or similar cloth out of cold water, and wrap around the neck. Next bind around it heavy flannel — a flannel shirt will do — so that there can be little or no evaporation. The next morning take off the compress, rub the neck and chest with cold water, and then rub with rough towel till dry and red. Repeat this three successive nights. If the patient can be induced to remain in bed during this time, his progress will be much more rapid.

THE EMERGENCY MECHANISM

G. HENRY HALE

ENGLAND at war differs fundamentally from England at peace. Munitions plants have sprung up all over the country, men by the millions have left for the front, women are doing the work ordinarily done by men, the use of luxuries has been discouraged, and importation of certain luxuries has been forbidden. The energy of the nation, in short, has been diverted to the work of mobilizing all possible resources for offense and defense. The little isle is as busy as ever or busier, but the main activities are not those of peaceful times. There are the same people, with the exception of those who have gone to the front, but the spirit is different. Women who have heretofore known only home duties now man the street cars, the omnibuses, and the munitions plants. Similar changes have taken place in all the warring countries. Sacrifices and hard conditions which before the war would have seemed unbearable, are borne easily and cheerfully.

In a way, the war has brought a measure of benefit to each country; for where there were disloyalty and individualism, hunger strikes and labor troubles, these have now been swallowed up in a wave of patriotism which has, in addition, nearly wiped out the drink evil. The great enmity from the outside has knit the nation together as one person, and has obliterated the petty jealousies and enmities on the inside.

And this is but an allegory of the changes that occur in the human (and animal) body in times of stress and danger. In times of quiet there is a gradual intake of food and a storage of energy (largely in the form of glycogen or animal starch in the liver), but in a time of intense struggle, of great danger, or of anger or fear, the body goes, as it were, on a war footing. Perhaps first there is an embargo on the importation of food, in the form of loss of appetite and disgust for food. It is no time now to use any of the body forces in the digestion of food. There is energy stored up for an emergency, and the problem of prime importance is the rapid utilization of this energy to meet the present crisis. A war vessel that stops to coal up during an engagement is liable to be lost. The time for coaling is before the battle. During the action the problem is to use the present supply of coal and ammunition in such a way as to disable the enemy's vessel.

The human body (and it is the same with the animal body) seems to have been developed so as to use to the greatest advantage its resources during times of stress or danger. The energy that in times of peace and quiet is utilized in the digestion of food, is now diverted to meet the special emergency. Hence the stomach sends up the message, "Don't send down any more food; my working force has been called off to other places." The mechanism by which the body mobilizes its energies for defense or offense seems to be set in motion by the emotions. It is the keen sense of impending danger (fear), or the strong desire and determination to crush an enemy (anger), that acts on the body mechanism, producing changes which fit the body to meet the emergency. Inasmuch as these changes call the energies away from the digestive process, a noticeable symptom in connection with strong emotion is a loss of appetite and distaste for food.

Seemingly the strong emotions, like fear and anger, are depressive to the bodily functions, and in a sense they are; but they are conservative. They serve to prepare the body to meet its present crisis.

There is, first, the decrease in appetite and digestion, already explained. Next may be noted under strong emotional excitement an increase of muscular power. The frightened animal, in the effort to escape great danger, is enabled to make muscular exertion that would be

impossible without this stimulus. Similarly in violent rage, there is increased sense of power, and increased power. The very angry person imagines that he could bite a wire nail in two with his teeth. It may take two or three strong men to hold a comparatively frail woman who is thoroughly enraged.

There are at least three factors in the production of this increased muscular power: 1. An increase of sugar or fuel is thrown into the blood from the liver storehouse, just as a larger supply of gasoline is permitted, by opening the throttle, to enter the automobile engine from the gasoline tank. 2. The blood vessels are contracted so as to drive the blood from the surface (hence the pale face), and from the digestive organs (hence the disgust or distaste for food) into the muscles, the heart, and the lungs, all of which are called upon for special exertion during the emergency. The increased blood flow brings an increased supply of fuel and removes quickly the waste products. 3. The secretion of the adrenal glands — the adrenin — enables the muscular tissues to recover from exhaustion much more rapidly than it can do under normal conditions.

It is probable that all these changes are brought about largely by increase in the adrenal output; for it has been shown that when adrenin is injected into the blood stream of an animal, it increases the amount of sugar in the blood, increases blood pressure, and relieves muscular fatigue. That is, adrenin, when injected into the blood, causes precisely the changes caused by strong emotion. Inasmuch as it has been shown that strong emotion causes an increased output of adrenin, it can hardly be doubted that it is by regulating the secretion of adrenin that the emotions increase the muscular power. In other words, the body meets emergencies by an increased secretion of adrenin.

Another emergency measure brought into play by strong emotion, or by the increase of adrenin in the blood, is increased coagulability of the blood. The blood of an animal (or person) that is wounded clots quickly. This prevents undue loss of blood. In case of a very bad accident, limbs may be torn off without great loss of blood. The "shock" that ensues is really a defense measure — an attempt of the body to conserve its resources in the emergency, in which, unfortunately, it is not always successful.

That most of these defensive reactions are in some way related to the sympathetic nervous system is indicated by the fact that artificial stimulation of some of the nerves of this system causes an increased adrenal output, and produces most of the changes mentioned in this paper as resulting from strong emotional states. It would seem, then, that the sympathetic nervous system and the adrenals constitute an emergency provision in the body — like the fire department in a city — which may be called into sudden activity in times of danger. The fire department in pursuit of its duty may for a time tie up the street car lines and the ordinary traffic of the city, but this inconvenience is small as compared with the danger of a general conflagration. So the protective forces of the body, in time of emergency, may disarrange the smooth running of things for a time, but in the end it is all for the best.

As the fire alarm is the signal that makes the firemen temporarily the autocrats of the streets, so the emotions constitute the signal that gives the body temporarily into the hands of the sympathetic-adrenal system. But fire alarms, while good in their place, are a nuisance if rung unnecessarily. A city appreciates a fire department which obstructs streets only when necessary. It would consider it an unmitigated nuisance if false alarms were sprung and the fire department obstructed streets without excuse. So unnecessary, useless emotions are a nuisance to the body, bringing out the defensive forces to no purpose, using up the stored energy, and to an extent obstructing the regular functions of the body.

Moreover, every instance of yielding to an emotion makes it more difficult to resist the next time. Emotionalism may be merely a habit expressing the tendency to drift with the current, which has grown until it dominates the individual.

The epileptic furnishes a pitiable example of a body given over to the riotous control of its own nervous system. The emergency department of the body should be servant and not master. Every yielding to emotion, when that emotion can serve no purpose of protection, is a yielding of the rational control to a blind force which is irrational. Every stampede, every mob, every excitement, gives an example of unstable individuals who have yielded to their emotions in quiet times to such an extent that in an emergency their emotions run away with them.

* * *

GERONTIC CONSTIPATION

G. H. HEALD, M. D.

Under this title W. Ainslee Hollis, M. D., past president of the British Medical Association, published in the *British Medical Journal*, May 13, 1916, an article on constipation in aged men, which suggests the following.

CONSTIPATION in old men is a very natural result of prostatic enlargement. It is stated on good authority that at least thirty per cent of men over sixty have enlarged prostate. Lying as it does in immediate contact with the lower bowel near its outlet, the prostate when enlarged offers a permanent resistance to the passage of the bowel contents, which are thus dammed back in the sigmoid flexure and the descending colon, in the left groin. This condition of mechanical stoppage, or stasis, is liable to be followed by two others, bagging of the colon by increased pressure, and drying of the fecal matter by prolonged absorption of the moisture. In normal conditions, peristaltic movements of the bowel wall are favored by the comparative softness and the well-lubricated surface of the bowel contents. When fecal masses become dry and hard and lose their slippery or glissading surface, the muscular wall of the bowel becomes helpless, constipation becomes almost hopeless, and relief must be had by injection of water or oil or other lubricant, unless a brisk cathartic, or nature in the form of a diarrhea, causes the bowel to exude an emergency supply of lubricating mucus and to make strenuous muscular contraction.

As the retention of such masses tends to deaden the bowel and render it less responsive to its normal stimulus, a temporary mechanical stasis caused by pressure of the enlarged prostate may bring about a condition of chronic constipation involving a change in the bowel itself. For this reason an early correction of the obstructing cause, before the trouble becomes intractable, is important.

Unfortunately, in this type of constipation, relief is ordinarily sought by violent straining at stool. This practice, by causing a twisting, or volvulus, of the sigmoid flexure, adds to the gravity of the situation.

Prominent among the personal habits which favor the advent of gerontic constipation, are dietary indiscretions, sexual excitement, and inattention to the regular calls of nature.

The "increasing girth of the lower torso," as Hollis euphemistically terms a pendulous abdomen, even in cases where it is hereditary, may be controlled by a "careful dietary with a goodly proportion of fruit and a total abstinence from alcohol." This "will also assist in checking excessive straining at stool, and so prevent the early onset of irritable heart, in my opinion the second most annoying symptom of geronic constipation."

It goes without saying that the best way to treat constipation is to prevent it. In addition to the dietetic and other measures suggested in this and previous articles, the elderly man has another preventive measure at his disposal. Prostatic pressure may be relieved during the act of defecation by making firm pressure with the index finger on the perineum "immediately behind the symphysis," or in other words, a short distance in front of the anal orifice. The finger may be protected by wrapping with paper.

In pathological conditions of the prostate, such as cause difficulty of urination, an operation may be indicated; though in many cases the enlargement is merely a "bogginess" that may be reduced by prostatic massage applied by a competent physician. A few massage treatments, if properly administered, may relieve bladder difficulty, an increasing tendency to constipation, and some of the symptoms which the elderly man views apprehensively as evidence that his period of usefulness is about over.

Where the condition has so far advanced that some drug is necessary to relieve the bowel, the aromatic fluid extract of cascara sagrada is probably the most suitable for elderly people, as it acts preferably on the lower bowel, and does not ordinarily show much tendency to require increasing dosage. In some cases where agar does not seem to be sufficient to effect a movement, a little cascara taken with the agar may produce the desired effect, the agar serving to keep the stools soft and moist, and the cascara acting as a stimulus to the lower bowel. But it is better to depend on the agar as far as possible.

A FLORIDA HOME

CHAIRS FOR CHILDREN

The following appeared as an editorial in the *New York Medical Journal.*

THERE has been much agitation over the misfitness of school seats and desks, and there has doubtless been more or less correction of these sources of bad posture and of permanent deformity. Little or nothing is said, however, concerning the seat used in the home. The human sprout is often so tender that anything which causes it to be inclined from the normal must be taken into account. The average child, who cares little or nothing for books, is influenced little by either school or home seats; but the child who likes to read and who is disinclined (always with good reason, be it said) to active muscular exercise, is the victim of ill-shaped seats in both the school and the home. Of what use is it for the general practitioner or orthopedist to prescribe corrective exercises for stooping posture and round shoulders if for many hours every day the patient is to occupy a framework which distorts the skeleton and renders nugatory all therapeutic efforts?

Often there is not a comfortable or well-fitting chair in the house for an adult, and for children there is no provision. Chairs are usually of two general kinds,— big and little,— those for adults, and those for children of from two to five years. Styles in chairs vary, and the chairs we find in the home are practically always of the wrong shape for the growing child and usually for the adult. To fit, a chair must conform in the curves of its back to the normal, but not exaggerated, curves of the spine of the sitter. It must be of such a height that the feet can be planted comfortably on the floor, and yet the knees not be raised high above the level of the hips; and it must not be so deep that the pelvis does not readily come in contact with the back. The inclination should be such that the back of the sitter is really supported and not pushed forward when the body is set against it.

Manufacturers have made office chairs for adults which support the back well, some of them adjustable, and perhaps the reason why there has been no effort to fit children is that there has been no demand. Perhaps some day the dealer, if he cannot fit a child, will be able to take his measure for a suitable home seat, or at least furnish one that has an adjustable support. Meanwhile, perhaps we can make some of our present chairs fit. This can be done by adjusting a suitable padding to the back, by using a footstool for the feet, or by sawing off part of the legs if the chair is too high, or by piecing out if the chair is too low, and by sawing off the front of the seat, or padding the back in front, if the chair is too deep. The product of this overhauling may not be a thing of beauty, but that matters little if it is a thing of comfort and body preservation.

A normal child at rest in a misfit chair is always, for the time being, deformed; a normal child at rest in a chair that fits

always assumes a correct posture. The child, unfortunately, is very uncomplaining about some things, and makes no outcry if his seat is not what it should be. Also, he makes no fuss if the table at which he works is too high or too low, or his book too heavy to be comfortably supported, or the light by which he reads is poor or badly placed. These matters should be taken into account in arranging conditions conducive to good posture, though of secondary importance.

Physical education is nothing more nor less than the establishment of correct bodily habits, and the habit of assuming good posture is a most important part of the physical education of every child.

* * *

HYGIENE FOR CHILDREN

The following instruction to parents, sent out by the Department of Health of the District of Columbia, is so well put that we gladly give it space.

IN spite of the susceptibility of children to communicable diseases, they are a hardy lot, if death rates speak the truth. In 1915, out of every 1,000 children between five and nine years old in the District, only 3 died, while the death rate for the entire population was 18. Yet a glance at the causes of the 92 deaths that did occur among these children, shows that even the low death rate prevailing among them is shockingly high.

Diphtheria, a preventable disease, easily curable if taken in time, caused 13 deaths. Tuberculosis, another preventable malady, killed 8. Pneumonia, commonly due to bad ventilation, improper clothing, or exhausting exposure or exercise, or a sequel of measles, whooping cough, or grip, killed 14 more. Heart disease, due almost invariably at this period of life to infectious disorders, resulted fatally in 5 cases. And 7 children were burned to death. Preventable causes, then, caused at least 47 of these deaths, or more than half.

For the prevention of such deaths, and of the vastly greater number of cases of illness and injury of which they are merely the end result, no one has quite the same opportunity or responsibility as the parent. Contact, direct or indirect, is necessary for the spread of some communicable diseases. Droplet or spray infection, due to coughing, sneezing, or forcible talking, is responsible for others. The avoidance of communicable diseases appears, therefore, to lie more nearly within the control of the individual than when the air-borne theory of transmission was accepted, and a few simple rules of personal cleanliness, carefully taught by the parent, will go a long way toward the accomplishment of the desired result. The avoidance of accidents also is to a considerable extent a matter of training, and the fact that 7 children between five and nine years old burned to death in one year is a terrible indictment of our habits of living.

To wash the hands always before eating; to eat or drink out of no common cup or glass, and out of no vessel of any kind of doubtful cleanliness; to keep fingers, pencils, marbles, jacks, and similar articles out of the mouth; to avoid picking the nose; to love fresh air; to let matches alone, and to dread any open blaze,— these are some of the things that should be so thoroughly taught and ingrained into the child as to have become second nature before even the kindergarten age is reached. The parent alone, by precept and example, can best teach them.

And when even these rules fail, or seem to have failed, as they will sometimes, then it is for the parent to see that early and efficient aid is obtained, so that prompt diagnosis may be made and proper treatment be instituted and kept up until health is completely restored.

HIGH BLOOD PRESSURE: PREVENTION AND TREATMENT

The following excerpt from one of a series of articles on "Hypertension," is taken from the *Journal A. M. A.*, Sept. 9, 1916. One who has high blood pressure, with damaged heart and kidneys, should be under the care of a conscientious and skilful physician. The information here given may help those whose pressure is a little higher than normal, to prevent further damage.

IN this rapid, high-tension age the physician should be as energetic in teaching prevention of arterial hypertension as he is in preventing contagion. As infectious diseases are reduced in frequency, more patients live to die of diseases later in life, and diseases with hypertension are on the increase. It is therefore the duty of the physician to urge youths and adults to abstain from all kinds of excesses so common in this age. We live at such speed, even the children, that this caution is almost daily needed. We must caution against severe athletic competition, against personal "stunts," against recreation excesses, even golfing, automobiling, and dancing, against excess in the use of tobacco, in eating, in late dinners, in coffee, tea, and alcohol.[1]

We must take better care of patients during their convalescence from some serious illness, lest they have circulatory debility by becoming strenuous too soon after their recovery. The pregnant woman must be more carefully watched, not only for her own sake, but also for the sake of her child. Intestinal indigestion, while not the cause of all disturbances that occur in man after forty, is still an important element in his deterioration and degeneration, and it should be prevented if possible.

The tendency for hypertension and arteriosclerosis to occur early in life in patients who have suffered some serious acute infection, whether blood poisoning, typhoid fever, or other, shows that in all probability in these acute illnesses the internal secretions are so disturbed that the suprarenal activity is greater than normal, while the thyroid activity may be less than normal, and hypertension is the consequence. Therefore, these infected patients who recover should probably have a longer convalescence in order for the more delicate structures of the body, such as the internal secreting glands, to have a better chance to recover and become normal.

The enumeration of these causes and the causes that have been mentioned before not only suggest, but also direct the treatment of hypertension after it has occurred. The most important of all treatments for hypertension is rest. That means for an individual, well except for his hypertension, a vacation; that is, a rest from physical and mental labor. For a patient who is in serious trouble from hypertension, bed rest is the most important element in the management. As has been previously shown, good sleep lowers the blood pressure, and Brooks and Carroll showed that the greatest drop in blood pressure occurs in the first part of the night's sleep. In other words, a patient who lies awake long loses the best part of his night's

[1] Why not leave off entirely the narcotics and stimulants — alcohol, tobacco, tea, and coffee? One who uses any of these is under constant temptation to use to excess.

rest as far as his circulation is concerned. This is one more reason for abstinence from tea and coffee in the evening by those patients who are at all disturbed by the caffein. On the other hand, patients who are not seriously ill should not remain for days in bed, as the blood pressure does not tend to continue to fall, although the heart may become weakened by such bed rest. This is especially true if the patient is nervous and irritable and objects to such confinement. . . .

Every active treatment of hypertension should begin with a thorough cleaning out of the intestinal canal by purgation. . . . Then the diet should be modified to meet the individual case and the person's activity. If the blood pressure is dangerously high, he should receive but little nourishment, best in the form of cereals and skimmed milk.

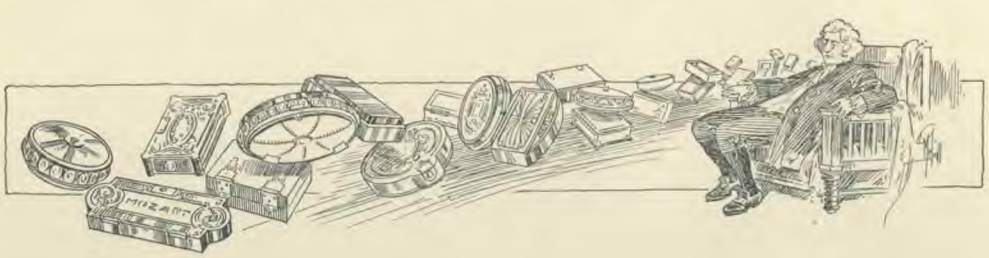
On the other hand, if he has edema or dropsy, or if the heart shows signs of weakness, large amounts of liquids should certainly not be given, and in such cases it is better that he receive small quantities of milk if that agrees, rather than large quantities of skimmed milk. The amount of water should also be fitted to the circulatory ability and the condition of the kidneys. . . .

When there is obesity, the bulk of the food should be greatly diminished, and anything that tends to stimulate the patient's appetite should be withheld. This means all condiments, and at times even salt. Sugar should be greatly reduced, and starches greatly reduced, but he must have some. In other words, he should not be cut down to a diabetic diet. No more liquid should be taken with the meals than is essential to swallow the food. Water should be taken between meals. There is no question that almost every one today should have a very light breakfast, except perhaps those who labor hard physically and are exposed for hours, daily, to the inclemencies of the weather. Such patients probably need more food. It is also well, in hypertension cases, to have one day a week in which a very minimum amount of food is taken, whether that be milk, or skimmed milk, or a small amount of carbohydrate, without protein food. . . .

A rigid milk diet for a few days may change the flora of the intestine completely; then a vegetable diet may be given, with return to a mixed diet; or the various lactic acid bacilli may be given, or one of the various fermented milks may be the diet, the object being to change the flora in the intestine and thus modify the ferments. So-called bowel antiseptics, such as salol, for a short time may be of advantage. Colon washings may be of great advantage. Liquid petroleum may be advantageous.

Besides preventing the absorption of toxins from the intestine, we must prevent such absorption from any latent infection. The most frequent kind of such infection is pyorrhea alveolaris.

A simple method that sometimes is an efficient aid in lowering the blood pressure is complete muscular and mental relaxation. The patient lies down for a while in the middle of the day, and relaxes every muscle of his body. With this he may take slow breathing exercises. He should be in a dark room, quiet if possible, and alone, and should teach his brain to be for a short time mentally inert.



INFLUENZA, OR LA GRIPPE

ALVAH H. DOTY, M. D.

The full text of Dr. Doty's paper appears in the *Medical Record* of March 11, 1916. The following abbreviation gives, in substantially Dr. Doty's words, the portions of the paper of most interest to lay readers.

THIS affection, like other acute respiratory diseases, has its period of greatest prevalence during the cold season, particularly when abrupt changes of temperature occur associated with wet weather.

During this time of the year, particularly in cities and large towns, persons usually remain indoors not less than twenty out of the twenty-four hours; often where the heat of apartments, workshops, or offices exceeds that of summer, but without the fresh air which is available during the latter season, for the windows are usually kept carefully closed. In these insanitary surroundings a person who is too heavily clad is not only uncomfortable, but the surface of the body becomes moist and tender, and in this condition is more susceptible to the lowered temperature when the person goes outside. The fact is that during the cold weather heavy, uncomfortable outer garments are worn within doors in order to protect against a brief period of outside exposure, whereas, so far as consistent, our dress should be compatible with the interior, and sufficiently heavy wraps added when we go outside: this is the function of an overcoat.

I believe that improper ventilation, overheating of apartments, carelessness in dress, and direct exposure in the way of wet feet and the like, particularly when they are associated with a weakened resisting power of the body, constitute the most common predisposing factors in the propagation of influenza or colds; and if care is taken, it will secure greater prevention than efforts which may be made to avoid infectious organisms, although the latter should be given careful attention.

* * *

WORRY WILL HASTEN THE APPEARANCE OF AGE

BY THE EDITOR

WHAT we would most earnestly postpone, we hasten. The more one dreads old age, the more he is liable to have the specter of senility haunting his waking and sleeping hours — to note with trepidation the little symptoms that tell him he is no longer young. And every time his waking or sleeping mind assents to the proposition that he is growing old and must soon give up the race, he is hastening that unwished-for event.

If the tight-rope walker had a fear that he could not maintain his balance, he would certainly fall. Fear in any activity and in any station of life paralyzes the will and helps to produce the very condition that is feared. Even the bullets of the sharpshooters seem sometimes to avoid the gallant officer who rushes forward without thought of fear. He who counsels with fear is laying plans for his own defeat, and he who casts fear to the winds has the greatest opportunity for a successful issue.

So in the matter of bodily health. He who is constantly fearful of disease is always ailing — ailing to the extent that he is heavily handicapped in all his work. The man of affairs takes little time to make a mental inventory of his aches and symptoms. He has more important work on hand. Some of his organs may be badly damaged, but after a consultation and a few days' lay-up for repairs (often too few!) he is again

at his desk, and soon forgets that he is a sick man. He cannot afford to be sick while his affairs demand his attention.

It is precisely this type of man who grows old slowly. He has something else to think of besides his graying hair and beard and the slight tremor of his hand. If some friend is so thoughtless as to mention these, he passes the remark without a further thought. Refusing to admit that he is aging, he retains a youthful attitude of mind, which in turn reacts on his body.

Is this all a fancy? Read from a book on the diseases of old age, where Dr. Nascher, an authority on this subject,[1] speaking of senile cachexia, or what we may call in plain terms "the old-age disease," says: —

"Worry will hasten the appearance of age, and in a short time the aging individual presents the general appearance of old age and senile debility. We frequently find that an improvement in the mental condition is followed by restoration of physical vigor, and it is generally noted that decrepit persons lose the appearance of decrepitude and gain in physical strength upon their admission to a home or asylum where they are free from worry. In almost every case where senile debility occurs early and proceeds rapidly, the psychic factor is the main cause."

In a measure, it lies with every man to determine whether he shall age rapidly or slowly. He determines within certain limits how soon he shall be an "old man," and he hastens that time by worrying about it. To quote again: —

"When an aged person begins to feel the infirmities that come with advancing years,— the labored breathing upon slight physical effort, the fatigue that sets in rapidly, the stiffening of the joints, and the fact that the usual labors become more difficult,— he then realizes that he is on the downward journey of life. To some this comes as a shock, to others as the realization of a long-anticipated misfortune. It produces a mental depression, which is sometimes so profound that ambition is lost, there is no longer any pride in appearance, and the mind is centered upon life itself."

[1] "Geriatrics: The Diseases of Old Age and Their Treatment," by I. L. Nascher, published by Blakiston, Philadelphia.

HOME COOKING SCHOOL

A VARIETY OF BREADS

GEORGE E. CORNFORTH

IN recipes where quantities are indicated by both weight and measure, the weight is the right amount and is what the measured quantity should weigh.

Bran Bread (2 small loaves)

1 pint lukewarm water
1 cake compressed yeast
¾ pound sifted pastry flour (3 cups shaken down well)
½ cup oil
1 cup brown sugar, pressed down (6 ounces)
2 teaspoons salt
3 cups bran measured lightly (4½ ounces)
1 cup raisins

Dissolve the yeast cake in the water. Stir in the flour and beat well. Set this sponge in a warm place to rise. In about two hours it should be very light and full of bubbles. Then beat together the sugar and oil and add it and the salt, bran, and raisins (which have been washed and boiled in a little water till plump, then drained) to the light sponge. Beat well together. This will be a soft batter. Do not add flour or bran to make it as stiff as dough. Pour this batter into two oiled bread tins. Allow the loaves to rise about one-eighth inch, then put them into a moderately heated oven to bake. They should bake about three fourths of an hour.

Bran Cake

1 cup lukewarm milk
1 cake compressed yeast
½ pound sifted pastry flour (2 cups shaken down well)
½ cup of a lard-like vegetable shortening
1 cup brown sugar
1 egg
1 teaspoon salt
2 cups bran (3 ounces)
½ cup raisins
½ cup dried currants
½ cup broken nut meats
1 teaspoon vanilla flavoring

Dissolve the yeast cake in the warm milk. Stir in the flour and beat well. Set this sponge in a warm place to rise. Wash the raisins and currants, boil them in a little water till plump, and drain them. Beat the shortening with a spoon till it is creamy. Beat the sugar into the shortening and continue the beating till the mixture is light and creamy, then add the egg and beat till the mixture is stiff. When the sponge is light, beat this mixture into it and beat in the salt and bran. Beat the whole well together, then stir in the raisins, currants, and nuts. Pour into an oiled bread tin. Set in a warm place to rise. Let it rise about one-half inch. Bake for about one hour in a slow oven.

This recipe cannot be made successfully with oil as shortening. It requires a hard shortening. There are several lard-like vegetable shortenings on the market. Some are made from cottonseed oil, some are coconut fat.

BRAN BREAD

NO-SODA BISCUIT

No-Soda Biscuit

In the morning set a sponge of: —

1 cup lukewarm skim milk, or whole milk
1 cake compressed yeast (½ cake will do if it is not desired to hasten the process)
10 ounces sifted pastry flour (2½ cups *well* shaken down)

When this sponge is light, add: —

¼ cup warm oil
1 teaspoon salt
2 teaspoons sugar
4 ounces sifted pastry flour (1 cup well shaken down)

Mix this very thoroughly. It will be too soft to knead. Set in a warm place to rise. When light, take the dough out on a floured bread board. Roll it out three-fourths inch thick, and cut it into biscuit with a biscuit cutter. Place the biscuit on an oiled pan, and set them in a warm place to rise. Let them rise about one-fourth inch, then bake them.

If this is to be used for shortcake, use one-third cup of oil, and the dough may be baked in a sheet instead of as biscuit, if desired. Then the sheet is split and used as baking powder shortcake is used. Or it may be baked as biscuit and served as individual shortcakes.

Graham Biscuit

Use a Graham flour that is a true wheat meal, and follow the preceding recipe, with the exception that one-half pound of Graham flour, instead of ten ounces, should be used in the sponge.

Corn Muffins

1 cup lukewarm skim milk
1 cake compressed yeast
1½ cups sifted bread flour
⅓ cup of a lard-like vegetable shortening
¼ cup sugar
1 egg
1½ teaspoons salt
1½ cups corn meal

Dissolve the yeast in the warm milk, add the bread flour, and beat well. Set in a warm place to rise. Cream together the shortening and the sugar, add the egg, and beat till light and stiff. When the sponge is light, add this mixture to it, and also the salt and corn meal. Beat well together. Fill muffin pans three fourths full of this mixture. Set in a warm place to rise, and allow to rise one-eighth inch, then bake.

Date Muffins

Stone and cut into small pieces twelve dates, and stir them into the muffin mixture just before it is put into the pans to rise. Or put one stoned date into each muffin after the batter is put into the pans.

Johnnycake

2 cups warm skim milk, or whole milk
1 cake compressed yeast
¾ pound sifted bread flour, or Graham that is real wheat meal
1 egg
¼ cup warm milk
⅔ cup sugar
⅔ cup of a lard-like vegetable shortening
4 teaspoons salt
2½ cups corn meal

Make a sponge of the first three ingredients. Cream together the shortening, sugar, and egg, and add it to the sponge after it has become light. Also add the milk, salt, and corn meal, and beat well together. This should make a thick batter. Spread in an oiled pan in which it will be about three-fourths inch thick. (A pan 8 by 12 inches is about the right size.) Set in a warm place to rise. Allow it to rise about one-eighth inch, *not more*, then bake.

The sponge for this johnnycake may be set at night, using one-fourth yeast cake.

Boston Brown Bread

Set a sponge of the following ingredients: —

2 cups lukewarm skim milk
¼ cake compressed yeast
1 cup corn meal
½ cup rye meal or Graham flour (use the bran)
⅔ cup thoroughly dried bread crumbs

When this sponge is light, which will be in about three hours, add the following to make a dough: —

¾ cup warm molasses
1 teaspoon salt
1 cup thoroughly dried bread crumbs
½ cup raisins, washed

Mix thoroughly. Set in a warm place to rise again. When light, stir it down well, then put it into an oiled brown bread tin, cover the tin, and put it at once into the steamer. Steam two hours. This is nice made the day before it is to be used, and then warmed up by steaming.

Baked Doughnuts (16)

Set a sponge of the following ingredients: —

1 cup lukewarm milk
1 cake compressed yeast
10 ounces sifted pastry flour

When this sponge is light, stir into it: —

¼ cup sugar
⅓ cup oil

Allow it to rise again. When light, add: —

¼ cup sugar
2 beaten eggs
1 teaspoon salt
8 ounces sifted pastry flour

Mix thoroughly. This will be too soft to knead. Set it in a warm place to rise. When it is light, knead it together. Take the dough out onto a floured board, roll it out three-fourths inch thick, and cut it with a doughnut cutter. Lay the doughnuts on an oiled pan one inch apart, and set in a warm place to rise. Allow them to rise about one-eighth inch, *not more*, and then bake. Make a sugar sirup by dissolving ¼ cup sugar in 1 tablespoon hot wa-

ter. When the doughnuts are baked, brush each one over with the sirup and roll it in granulated sugar.

Salt-Rising Bread

Salt-rising bread was more common in our grandmothers' days, when yeast could not be bought at the grocery store, than it is today; in fact, it is seldom made today. However, there are people who have made it or tasted it who enjoy its flavor, which is different from the flavor of ordinary yeast bread. Germs that are in the flour or milk, or that get into the mixture from the air, are depended upon to cause fermentation. The process of making the bread must be followed in exactly the right way, and the bread, at all stages of the making, must be kept at a warmer temperature than that at which yeast bread rises. Having made many failures before learning to make this bread, I think perhaps I can describe the process so that others who have never made the bread, or who have tried and failed, may be able to make it successfully by following these directions. I never succeeded in making the bread successfully till I was shown just how to make it by a young baker who learned to make it from his mother. The directions that I had followed were so general that I did not happen to do everything just right. In these directions I am trying to explain the parts of the process where I failed, and, in fact, all parts of the process, so carefully that there can be no "happen" about it, and any one, by following the directions carefully, should be able to make the bread.

I do not know why the bread is called "salt-rising" bread. A popular writer on the chemistry of dust and germs says that the salt hinders the action of undesirable germs that get into the dough along with those that cause the fermentation and make the bread light.

If you can obtain old-fashioned, stone-ground, unbolted corn meal, it will be better to start the bread with this than ordinary bolted or granulated corn meal.

About noon the day before the bread is to be made make a setting as follows: —

Bring one cup of milk just to a boil, then pour it over one-third cup of corn meal with which one-half teaspoon salt has been mixed. Beat well. The hot milk, when poured over the meal, should partially cook it — enough so that it does not settle to the bottom of the dish, but it should not make a stiff mush out of it. This should be made in a bowl that holds about two and one-half cups. Cover the bowl, wrap a towel around it, and set it in a warm place (100° F. to 110° F.). Maintain this temperature. The next morning about six o'clock the setting should have risen nearly to the top of the bowl and have a peculiar, somewhat cheesy odor. If it has not risen, allow it to stand until it does, keeping the temperature at about 108° F. to 110° F., setting the bowl in a dish of hot water if necessary. Do not attempt to use this starter in making the bread till it rises nearly to the top of the bowl, even if you have to wait till noon or later for it. If it does not rise, it will be necessary to throw it away and try making it again.

When the starter is light, put three-fourths quart of warm water that feels more than lukewarm to the hand (110° F. to 115° F.) into a three-quart kettle. Stir into it one level tablespoon salt and one and three-fourths pounds of warm sifted bread flour. Beat well, then beat the setting into it. Cover the dish and set it in a warm place (108° F.) to rise. In about two hours it should have risen to within three quarters of an inch, or less, of the top of the dish. Then mix into this sponge two tablespoons oil, two tablespoons sugar, and one and one-half pounds of warm sifted *pastry* flour. This should make a soft dough. Knead it lightly on a warm board. The dough should feel decidedly warm to the hand. Form it into three loaves. Place them in warm, oiled bread tins — 10 inches long by 4¼ inches wide by 2¾ inches deep — and set them in a warm place to rise, covering them with a cloth to help keep them warm. In from two to three hours, or sometimes less, the loaves should have risen to about one-fourth inch from the top of the pans. Then bake them in a hot oven.

The dough must be kept warm throughout the process of making the bread. The flour that is added each time should be warm, that it may not cool the mixture.

This bread has a very fine, even texture, resembling pound cake, and has a peculiar flavor. Part Graham flour may be used to make Graham salt-rising bread. Or Graham alone may be used in the sponge and dough, if it is a true Graham; that is, unbolted ground wheat.

EDITORIAL

PERSONAL PREPAREDNESS

AT the beginning of the great war, England, France, and Russia, though they well knew that the peace of Europe hung on a very slender thread, found themselves totally unprepared for the most stupendous task of their national existence — the settlement of the question whether the world shall be a democracy or an autocracy. Because of their unpreparedness at the crucial time, they are spending billions more than it would have cost to make ample preparation in the first place, and their unpreparedness has cost them hundreds of thousands or millions of lives.

Though the southern border clashes and the invasion of Villa bandits might have been anticipated, these events found the United States unprepared; and after the Columbus raid inefficient equipment (another name for unpreparedness) prevented our army from capturing the bandit chief. Then our dilatory punitive expedition (dilatory because it was unequipped, or unprepared) accomplished nothing except to bring us near to war with Mexico, and to sacrifice more American lives, and has cost us many times as much as it would have cost in the first place to give our army adequate equipment.

In our war with Spain, unpreparedness in the medical and sanitary equipment of the army was responsible for the loss of more lives by disease than by the Spanish missiles.

The homely old proverb, "A stitch in time saves nine," applies to individuals as well as to nations. Foresight is more rare than hindsight, but it is a thousand times more valuable.

This is not written as an argument for war. The writer does not believe in war; but if a nation must fight, it should be prepared for it. He has written this as an illustration for his main thesis, the necessity of individual preparedness. War makes a sudden and peremptory call upon preparedness, but peace makes a continuous call, which in the long run is quite as exacting as the call of war. Whether this country enters upon a career of war or maintains its status of peace, the need is urgent for personal preparedness.

Physical preparedness is the duty of every individual to himself, to his family, and to his country. Every feeble person is an expense rather than a resource. The time to make physical preparation is *before the crisis.* Altogether too many people are like the governments mentioned, in that the crises find them *unprepared.* The first suggestion a man has is, perhaps, a mouthful of blood, and the physician, if he knows his business, pronounces it an advanced case of tuberculosis. Some physicians might even tell him his "lungs are a little weak," and he is "threatened with tuberculosis"! But such diagnoses are now not so common as formerly.

There are two reasons why a person is well advanced in tuberculosis, Bright's disease, or heart disease before he is aware of it. One is the disinclination to have periodical medical examinations, until some serious symptoms

compel him to seek a doctor. The other is that many physicians are unable to recognize the early signs of disease. But it is the *early* signs that should be recognized, for then it is that a change of diet and of personal habits, and perhaps some treatment, will prevent further damage, and be the means of adding a dozen or a score of years to the life, besides making the latter part of the life more efficient.

Prominent on the program of personal preparedness should be periodical medical examinations by a conscientious and competent man who is acquainted with modern methods of diagnosis. No less prominent in this program is personal hygiene,— a careful regulation of the diet and habits of life, with avoidance of all indiscretions and excesses.

The man who knows he has a weak physical inheritance is likely to husband his resources. It is the man with splendid physique who is apt to think he can make unlimited drafts upon his capital, until some day the doctor tells him he has high blood pressure and damaged kidneys, and must call a halt.

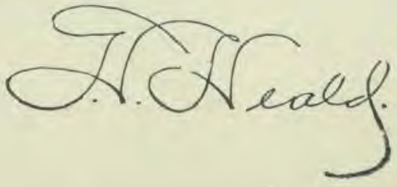
Perhaps he calls a halt, changes his work, takes more recreation, and some exercise, tries to cut down his bill of fare, and to get along with fewer drinks and cigars; but he finds it hard work to reform lifetime habits, and soon relapses into his old ways, until an attack, perhaps of apoplexy after a big dinner, is another peremptory reminder to *go slow!* He tries to go slow for a while, but the gait is unfamiliar, and perhaps he feels that he might as well die as live without his accustomed comforts. After some months of invalidism, in which he seems to expiate some of his youthful indiscretions, he passes off the field of action a score or two of years before he should.

No man should be continually solicitous about his health. That kind of life may be left to the hypochondriacs who float around from one health resort to another, wearing out all kinds of treatment. But every one should occasionally take a health inventory in order to learn whether he needs to conserve himself in any particular.

The young man who wishes to join a baseball or football team or a crew of oarsmen, or wishes to prepare for any athletic event or to join the army, must submit to a rigid examination, which excludes a large proportion of the applicants. If successful, he must submit to a course of training to develop his physical qualities.

The ordinary person, not submitting himself to such examination, is apt to flatter himself that he is all right, when as a fact he may be a candidate for death by diabetes or Bright's disease in his early fifties.

Some industrial institutions are now giving such examinations to their employees, and some insurance companies to their policyholders. A nation-wide institution has recently been established for the purpose of giving periodical examinations to its patrons, and on the basis of this, giving such advice as may be necessary. Such periodical examinations, if taken seriously, may do much to add to personal efficiency and to prolong life.



Pneumonia Not One Disease, but a Number of Diseases

NOTWITHSTANDING the fact that pneumonia does not appear to be "contagious" in the ordinary sense, it has long been regarded by bacteriologists and medical men as an infectious disease; that is, a germ disease. At first it was supposed to be due to the action of a bacillus (Friedlander's) which has since been proved to be comparatively harmless, and a diplococcus (since called the pneumococcus) has been accepted as the causative factor. This pneumococcus was found in the lungs and sputum in nearly all cases of pneumonia, and when cultivated and introduced into susceptible animals, it was capable of inducing a typical pneumonia.

But the disconcerting and discordant fact was that the pneumococcus, indistinguishable by cultural methods from the germ formed in cases of pneumonia, was found to be present in the mouths of a large proportion — from two to four out of every five — of healthy persons.

The query very naturally arose: "Why, if this germ is the cause of pneumonia, do not those persons who harbor it in their mouths contract the disease?" It seemed necessary to concede a difference in individual susceptibility; and inasmuch as pneumonia is usually preceded by some unusual exposure, what was more natural than to infer that the exposure — whether to sudden cold, or dampness, or to alcoholic excess — lowers the resistance of the tissues so that the germs are enabled to gain a foothold?

This perhaps, until recently, has been the general belief regarding the disease; namely, that the infective cause of the disease is present nearly everywhere, and that an attack is caused by an autoinfection following a temporary lowering of the vital resistance, owing to some exposure.

More exact methods, however, have recently shown that the pneumococcus is not one germ but a group of allied germs; or, rather, it includes several such groups, and in the modern treatment of the disease it is necessary to know in a given case what type of organism is the infective cause of the disease.

There are four distinct groups, or types, of pneumococci. Types I and II, as classified by Cole,[1] are found in sixty to seventy per cent of all cases of lobar pneumonia. The average mortality in these types is twenty-five per cent. Type III is found in not over fifteen per cent of all cases of pneumonia, but it is a much more fatal germ, causing death in at least fifty per cent of the cases. Thus Types I, II, and III together cause more than three fourths of all pneumonia cases, and are responsible for a very high mortality.

Type IV causes less than one fourth of the pneumonia cases and has a low mortality. Even when it infects a patient, the prospect for recovery is much more favorable than with the other types. It is this comparatively mild germ that is so often found in the mouths of healthy persons. The more virulent types, I, II, and III, are rarely found in a healthy mouth, and then only when

[1] Rufus Cole, M. D., director of the Hospital of the Rockefeller Institute for Medical Research (*Health News*, Albany, N. Y., February, 1916).

there has been direct exposure to a pneumonia case, and the type of germ found in the mouth of the normal person corresponds with those found in the patient.

Dr. Cole believes that for pneumonia to occur there are probably two necessary factors: a favorable condition in the person, and the presence of a germ of suitable virulence. With germs of Type IV, ordinarily found in the mouth, the changes in the patient are probably of greatest importance. With germs of Types I, II, and III, the presence of the organism may determine the onset of the disease. In other words, with the germ ordinarily found in the mouths of healthy persons, there must be some marked change in the person in order to bring on an attack of pneumonia, but if there be an infection from the more virulent type, that alone may bring on the disease, though it does not in all cases. It is evident that those who harbor the dangerous types of pneumonia germs,—that is, those who have been exposed to a case of malignant pneumonia,—though they may not themselves contract the disease, may be the means of carrying the infection to others.

It has been shown that the pneumonia germs of Types I, II, and III may live in the mouth of a recovered pneumonia patient for periods varying from twelve to ninety days with an average of twenty-eight days, and that contact carriers of these same types of germs may harbor the germs for twenty-three days or more. In view of the fact that the germs seem (by drinking cups, etc.) to find a ready means to pass from one person to another, is it not well for every one to do away with all habits which involve the imbibing of some one else's saliva?

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Prevention of Pneumonia: Increase Resistance; Lessen Contagion

Of every five cases of pneumonia, one is a case of infection from the germs in the patient's own throat, made possible by a lowering of the resistance of the tissues; the other four are cases of infection with a highly virulent type of germ from some other person, a patient or a carrier. In all cases there may be a temporary lowering of resistance. The important measures, therefore, in prevention of pneumonia, are, (1) Maintenance of the body resistance at a high level; (2) prevention of the spread of virulent pneumonia germs of Types I, II, and III.

One of the most important methods of lowering vital resistance is the free use of alcoholic liquors.

A second is bodily exhaustion from excessive work, long hours, or other means of depleting the vitality.

A third is sudden chilling of the body, acting especially in connection with Type I or Type II or both of these types.

In order to prevent pneumonia infection, it is necessary to avoid the crowds in cars, assemblies, etc.

Important ways in which the disease may be conveyed by carriers are public spitting; kissing on the mouth; the use of common drinking cups and common towels, and of the dishes used without proper cleansing in soda fountains and restaurants.

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The Newer Treatment of Pneumonia by Serum and Vaccines

Serum treatment is the attempt to prevent or cure a certain disease by the administration of a serum taken from an animal which has been rendered highly immune to the disease, or perhaps from a person who has had it. A good example of a protective and curative serum is diphtheria antitoxin. A horse is injected with gradually increasing doses of the poison of diphtheria germs, until it has developed such a high degree of immunity that it can receive without harm a dose of the poison that would kill several hundred ordinary horses. A part of the horse's blood is drawn off. The serum which separates from this blood contains diphtheria antitoxin in such concentration that a small dose injected into the tissues of an exposed child will

prevent an attack of diphtheria, or if given in time after the disease appears, will render the attack mild.

Vaccine treatment is the injection, not of immune serum, but of killed germs or their products, for the purpose of prevention or cure, by causing the blood to manufacture its own defensive materials.

When it was not known that pneumonia is caused by several types of germs, each having its own specific reaction, attempts at treatment by serum or vaccines did not give very encouraging results. But now that it is possible within a few hours to determine which type of germ is present in a particular case of pneumonia, it is possible to apply specific treatment with much greater hope of success. Experimental evidence has shown that serum from the organisms of Type I confer a high degree of immunity; of Type II the immunity is not so high. Immunity experiments with the other types of organisms have not given promising results. But if the serum of Type I organism proves in actual practice to be successful, it will materially lower the pneumonia mortality.

Bovaird, in the organ of the New York State Department of Health,[1] gives expression to the following opinion regarding the newer methods of treating pneumonia: —

"Rarely does a winter pass without the publication in the medical journals of a new plan of treatment for lobar pneumonia, which some physician has found successful in a limited series of cases, and which he is confident will revolutionize the statistical results, if only his colleagues will adopt it. No such 'plan' has survived the trial of wide experience or has been able to command the general support of medical men.

"Just how much is to be expected from the efforts to develop a curative serum we do not yet know. The studies now going on in the Rockefeller Institute assuredly hold out a hope that a curative serum may be developed, but as yet that is not assured. We are, therefore, compelled to rely upon the measures which have commended themselves to the judgment of experienced and conservative physicians, not only in mitigating the sufferings of their patients but contributing in some measure to a lessening of the heavy mortality."

[1] "The General Management of Lobar Pneumonia," David Bovaird, M. D., New York City, in *Health News*, February, 1916.

Some Grip Don'ts by a University Student

THE following well-worded counsel was prepared by Miss Margaret Murphy, a student of the University of Missouri, who evidently has a future before her: —

"Don't laugh at the grip. It is a deadly and dangerous thing.

"Don't forget that the body has its own defensive agents, and therefore,—

"Don't take a mess of quinine because it is good for malaria.

"Don't buy a bottle of 'knock grip' or 'grip-out pills' because your druggist assures you they cured him.

"Don't forget that, if you have a weak spot, such as a 'murmuring' heart, a weak kidney, or a pet lung, grip will discover it and make abundant use of it.

"Don't forget that grip is preventable. Therefore don't take it; don't let down your physical resistance; don't seek crowded places; and don't forget to flee from sneezing, wheezing persons.

"Don't forget that grip is contagious; so don't spread it.

"Don't forget to rest long and ardently in bed if it does get you, and don't make light of the extreme prostration that always results after grip has annexed your outlying provinces.

"Don't forget that, in the phraseology of Ireland, it is 'that spawn of the divil as killed ye off six weeks after ye was completely well of it.'"

Miss Murphy has enough Irish blood in her to make good reading of a gruesome subject, and there is none the less good sense in her sayings for their being pithy.

The Use of Kerosene in Throat Affections

ONE would scarcely think of administering kerosene for diphtheria; yet according to Dr. T. M. Clayton, in the *British Medical Journal*, coal oil has proved curative in four cases of extremely severe diphtheria. The account was copied in the *Medical Summary* for September, and commented on by the *New York Medical Journal*, October 7. We quote from the latter journal: —

"Four grave cases of laryngeal diphtheria in young children ranging in ages from two to four years, were treated by the internal administration of kerosene or 'lamp' oil, and recovery was attributed to the remedy. Two of the four cases were in such a condition that tracheotomy was out of the question. It was not performed in any of these cases. All were treated by in-

jection with antidiphtheria serum. To each, doses of thirty minims of kerosene oil were given thrice successively every four hours, then ten minim doses three or four times daily, until normal breathing was established, which occurred in all four cases in forty-eight hours.

"From the first dose breathing became easier, improving with each successive administration until it became tranquil. In no case was any untoward action of the petroleum observed. The author is inclined to give the chief credit of the four recoveries to the petroleum. Similar cases previously treated with antitoxin without petroleum had been lost. Two of the patients were practically *in extremis* when first treated with paraffin ["English" for kerosene]. The author is convinced that if petroleum were administered in the conditions variously diagnosed as spasmodic croup, membranous croup, or laryngeal diphtheria, many lives would be saved. The taste of kerosene is disguised by means of compound decoction of sarsaparilla."

The reader will understand that the various terms, kerosene, lamp oil, petroleum, and paraffin, as used in this article, refer to the same substance, called in Americanese, "coal oil."

This might be a hint to the mother whose child is subject to night attacks of spasmodic croup.

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Quarantine Methods in Infantile Paralysis

In an address delivered recently before the American Public Health Association, Mr. Frederick L. Hoffman, statistician of the Prudential Life Insurance Company, is reported to have summarized his observations on infantile paralysis as follows: —

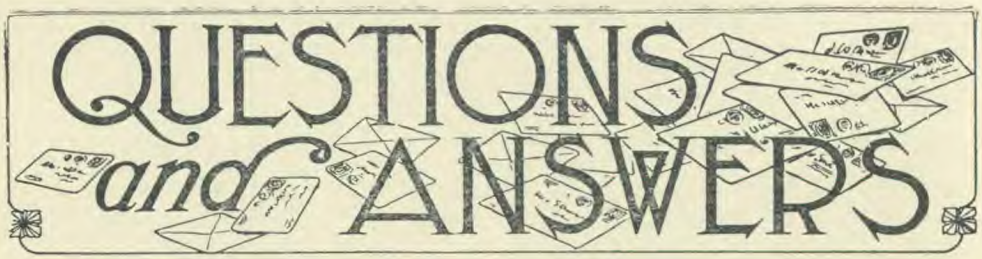
"The evidence was apparently quite conclusive that the methods of federal and State quarantine adopted for the purpose of disease control had been quite ineffective, and possibly more of a hindrance than a help in the intelligent and rational administrative supervision and control of the disease."

Commenting editorially on the statement, the *Journal A. M. A.*, October 28, says: —

"The *Journal* holds no brief for the federal and State health officers, but such a broad condemnation of the efforts of these public officials does not appear to be justified by scientific evidence, or by any statistics which thus far have been presented. No one can conjecture what the extent of the epidemic might have been without the establishment of the measures which were instituted."

The present writer is not convinced. Mr. Hoffman is no novice. As a student of statistics he is a master, and his conclusions are always worthy of respectful consideration. There is a feeling that there was some unnecessary stage playing and advertising in the recent epidemic, that unwarranted restrictions were imposed, on insufficient grounds. This is not written by one who is smarting under some inconvenience to himself as a result of the quarantine regulations, for aside from the accounts in the newspapers and the medical journals he would not have known of any such restrictions. But if one may judge from some of the reports which have appeared, the efforts against the epidemic, instituted in many places, amounted to a veritable hysteria, and seemed to suggest the thought that there is no tyranny equal to that of a man with an idea, intrusted with a temporary dictational power.

Now that the epidemic is over, it is to be hoped that some of the overzealous health officials will review their acts with a calm and discriminative judgment, and if it brings a blush to their faces, there may be hope for a more reasonable treatment of the situation another year.



A Suspicious Lump

"A small hard lump came on one side of my throat, just in front of and below the back point of the jawbone. I had a doctor look at it at the time. He did not think it anything serious, but treated it with electricity. The soreness soon went away, but the enlargement remained. Several months ago it began to get sore to the touch, and to grow very slowly, until now it is perhaps an inch and a quarter in diameter, and a half inch thick, sore to the touch, and more or less sensitive to the movement of the head. Please tell me what you think it is, and suggest treatment."

I am not quite sure from your description whether this lump is on the inside of your throat or on the outside. If it is on the inside, I should most certainly think of cancer. If it is on the outside, it is possibly an enlarged cervical gland. At any rate, you ought to see a doctor about it.

Iron Preparations

"Is there any merit in the two preparations, nuxated iron and sargol? Or would ordinary iron pills do one as much good?"

So far as I know there is no special merit in the preparations you mention.

Regarding the effect of iron pills, there has been a tradition in the medical profession for generations that iron is good for the blood, and yet laboratory workers are unable to determine that iron taken into the body as medicine is converted into blood iron.

All work of this kind indicates that the iron in the blood comes in the form of iron in the food, and the best foods for this purpose are the green vegetables, especially spinach, strawberries, and carrots; although many of the vegetables contain appreciable quantities of iron. Eggs are rich in iron, but milk contains very little. It is said that the iron in meat is not really utilized by the body, because it is largely in the blood of the animal, and in a form that is not readily utilized.

Not long ago we published a statement from the *Journal of the American Medical Association*, showing the tendency of medical books to keep up old traditions, notwithstanding the fact that they have been exploded. One book copies from another, and in this way the old remedies are perpetuated, although there has never been a good reason for their use. I should not say that iron is absolutely useless, but I am inclined to think that much of the dependence placed upon it is the result of tradition handed down to us.

Ulcers on Eyes

"Please tell me what to do for my eyes. Ulcers often come on the edge of the lids, and they matter considerably. At night I feel as if there were sand in my eyes. My eyeballs stick in the lids so that I cannot use them. I wear glasses from a good oculist."

Such ulcers are apt to appear on the eyes as the result of eyestrain, and you may need a change of glasses. You might try the use of boracic acid water in the eyes; but I would suggest that you go back to the oculist and get advice from him, as he will be able to tell much more about your eyes after having made an examination than I could from your description.

Noise in Ears

"What is the cause of ringing and rumbling in the ears? Is there anything to do for it?"

The ringing in your ears may be due to one of two or three causes. It may be caused by wax in the outer ear, or by catarrh of the middle ear, where the ear bones are; or it may be due to some disturbance in the inner ear.

I note that you do not complain of deafness. The only way to determine just what the trouble might be, would be for you to go to an aurist,—that is, an ear specialist,—and have an examination. If you are in the vicinity of one of our sanitariums, you will find there an ear specialist who can attend to you. It would be impossible to determine the nature of your trouble without a personal examination.

Serum for Nervous Trouble

"I have been having nervous trouble for which my doctor has advised serum treatment. What do you think of this treatment, and would it be good for my case?"

Serum treatment is in somewhat of an experimental stage. It is being tried for many things. It has its uses. In some cases it is a sovereign remedy; for instance, diphtheria antitoxin is a serum, at least the serum obtained from a horse and injected into the child contains the antitoxin.

A good many serums have been developed for the relief of different conditions. Physicians are using serum from persons cured of infantile paralysis to prevent or treat the disease in others.

In order to give an intelligent answer regarding your case, I should have to know just what the nerve trouble is, and what the serum is that is being used.

Agar and Mineral Oil

"Kindly give directions for the use of agar and of mineral oil for constipation. Is the Russian oil superior to other forms?"

Perhaps the best way to use agar is to have it chopped up fine, and then take it on a dish of mush. It should not be cooked in the mush, but should be eaten raw. It would be rather difficult to swallow unless it is taken with some other food, though it may be dropped into a glass of water and drunk. The quantity should vary according to circumstances. It may be necessary to take several tablespoonfuls a day, or one tablespoonful may be sufficient. The patient has to be guided entirely by the results. The same may be said regarding the dosage of mineral oil.

Great claims are made for the Russian oil, but probably one of these oils is as good as another.

Where one is using a mechanical laxative, it is a good plan to use one for a time and then another, not depending entirely on one.

Another good mechanical laxative is shredded coconut, taken in tablespoonful doses. This is rather pleasing to most persons, and might be accepted in preference to either of the others.

Is She Undernourished?

"When my wife stoops or bends to pick up something, she gets very dizzy upon straightening up. What can be the cause of this? We are total abstainers from flesh foods. Can it be possible that she does not get the proper food? She is thin and needs something to build her up. What foods can you recommend for her so that she can gain in weight and strength? She is healthy and has a good appetite, but I fear we do not get the proper foods."

The dizziness you speak of may be due to disturbance of circulation. It may be a weak heart, or possibly a diversion of the blood into the abdominal vessels; or it may be due to the disturbance of the semicircular canals of her ears. A similar dizziness comes, as of course you know, when a person turns round rapidly. Some persons are much more subject to such dizzy spells than others. I do not think this has anything to do with the diet.

I suppose, of course, you use more or less milk and possibly eggs. I think it is safer for one to do this unless he is a very close student of nutritive values, for it is easy to take a vegetarian diet that might be unbalanced. You should have a fair amount of fruit, preferably fresh fruit, and vegetables in their season, and not live too much on cereals.

In order to increase in weight take cream or olive oil, being careful not to overdo the olive oil; and use freely of potatoes.

Regarding the dizziness, I have no suggestion except to avoid a sudden change in position.

Lingering Bronchitis

"After six weeks in bed with what the doctor called bronchitis, I am just able to walk. I still have sweats and cold spells and am very weak. I seldom have a cold. This one seems to stay. Have had no bath since I was taken sick. Would it be right for me to have a tub bath, and how hot should the water be? I have not been out of doors. Would you advise me to go out? I have my window open night and day. What can I do with my cough?"

It will be all right for you to take a bath. In fact, it will be much better for you, but you should have it warm enough to be comfortable, and the room must be warm enough so that you will avoid a chill after coming out of the bath. You would do better to get out of doors a little, if well protected.

A heating compress to your chest would do you much good, but probably you could not put it on yourself. It would be necessary for you to have a trained nurse or some skilled person to put it on for you.

You should have an examination in order to learn whether there is not something more than bronchitis present. It may be an advantage to take one or two real hot leg baths. The water should be as hot as you can bear, and more hot water should be added as you can bear it, until your feet and legs are red. While in the leg bath you should be surrounded with a kind of tent made of a blanket or comforter. If you are sweating at the close of the bath, stand up with the comforter around you and get right into bed, and go to sleep if you can. It is much better, however, to have some assistance in taking a treatment of this kind.

Nasal Catarrh

"I have been troubled for some time with nasal catarrh. It does not bother me in the summer time, or when I am in the house, but when I am out in the cold air there seems to be a secretion formed which causes me to expectorate almost constantly. It is a sort of mucous substance. It seems to be secreted in the back of the mouth or in the throat. It does not cause any pain, but is merely uncomfortable, and makes me wish to expel it. Is this a serious matter, and can you suggest a remedy?"

I regret that we do not know exactly the cause of nasal catarrh. It is true that in a sense it is a local condition, and yet I believe that it is also a local manifestation of general bodily condition. When one is run down, he is more apt to have catarrhal symptoms. Cold air always increases nasal secretions even in persons who are well. I do not know that you can do anything other than to take measures to avoid exposure.

If there is a sticky secretion, you can remove it by irrigation with a soda solution, using a teaspoonful of soda to a pint of water, as hot as you can bear comfortably. Draw this gently through the nostrils, allowing it to fall back into the throat to be ejected from the mouth. It is very necessary to draw the solution gently and to avoid blowing the nose violently afterward, otherwise some of the solution and the mucus may be driven into the Eustachian tubes and cause ear trouble.

You may increase the resistance to cold by taking cold baths, beginning with a hand or sponge bath, and after a week or two following this with a spray, being sure always to secure a good reaction.

Plain Talks on Avoided Subjects

by Henry N. Guernsey, M. D. Revised edition, 50 cents net. F. A. Davis Company, Philadelphia.

This little book considers with frankness a subject upon which the young are too often allowed to obtain their information from unclean playmates. It was written originally in 1882, before as much was known regarding bacteriology, physiology, and pathology as now; and though it has been revised, it still contains some statements that a modern writer on the subject would probably omit.

The Daughter; Her Health, Education, and Wedlock

by William M. Capp, M. D. $1 net. F. A. Davis Company, Philadelphia.

The object of the author was to instruct mothers how to guide daughters through the circle of infancy, girlhood, wifehood, and maternity. There are certain principles in the rearing of children, as in other fields, which never grow old. This book, though written in 1890, contains much that is fundamental, and still valuable, notwithstanding the fact that since that time the entire subject of infant feeding has undergone a revision. Doubtless the formulæ which proved good in 1890, would not be far amiss today. The author's treatment of sex is frank yet chaste.

Adenoids and Tonsils

by Algernon Coolidge, M. D. Cloth, 50 cents. Harvard University Press, Cambridge, Mass.

This is another of the excellent series known as "Harvard Health Talks," which have been prepared by men of recognized ability in their respective lines. The present work, by a physician of large experience in throat disorders, who is professor of laryngology in Harvard University, is a well-written, conservative work, prepared to make plain to fathers, mothers, and teachers the nature of tonsillar and adenoid trouble, and when and when not to operate.

The Joy of Love and Friendship

by Arthur L. Salmon. Cloth, 75 cents. Forbes & Company, Chicago.

A delightful little book, which will give one new views of what constitutes real friendship. The opening quotation from Thoreau, "I would that I were worthy to be any man's friend!" at once arouses a query and an interest which will likely follow the reader through the entire book. "What is Friendship?" "Choosing Our Friends," "The Old Ideal of Friendship," "The Highest Service," "Things Said in Anger," "Loneliness," and "Our Friends' Mishaps," are a few of the thirty-one chapter headings.

The Religion of Power

by Harris E. Kirk, D. D. $1.50 net. George H. Doran Company, New York.

Dr. Kirk, in beginning his ministry, was content, so he says, to preach what he had been taught to believe. Later he attempted to gratify his need for a more intimate appropriation of truth by philosophy, but found this superficial.

He then began an earnest endeavor to interpret Christian experience for himself, which gave him the conviction that the Christian religion is unique in that it is a religion of power.

It is in this conviction that the present volume is written. It relates some of the ways in which man at the time of Christ was seeking salvation, why these failed, and why Christianity superseded them.

The volume, historical in character, is well calculated to give one a new and enlarged view of the mission of Christianity. Incidentally it throws many interesting side lights on the study of the Scriptures.

An Adequate Diet

by Percy G. Stiles, Ph. D. Cloth, 50 cents. Harvard University Press, Cambridge, Mass.

This, the most recent addition to the series of "Harvard Health Talks," is a particularly sane discussion of a subject of vital importance. It has been prepared with special reference to the lay reader with little or no knowledge of physiology and physiological chemistry. The information it gives should protect readers from many of the specious but extravagant fads with which the suffering public now have to reckon.

How Boys and Girls Can Earn Money

by C. C. Bowsfield. Price, $1. Forbes & Company, Chicago.

"There are bad ways and good ways of earning money," the author says, "and it is a wise thing to help boys and girls to start right and make the best of their opportunities, instead of allowing them to drift or blunder into any kind of work. Some kinds of labor are better than others for both body and mind. Some jobs may be taken up and laid down without much waste of time. Others need a longer test. The experience gained by young people who follow the plans laid down in this work will prove a stepping-stone to success, for it will most certainly indicate fitness for some particular and permanent vocation."

Every boy and girl will enjoy this very helpful book, which encourages thrift, and shows them how to spend their time both happily and profitably.

The Mythical Interpretation of the Gospels

by Thomas James Thorburn. Price, $1.50 net. Charles Scribner's Sons, New York.

This volume gained the Bross Prize for 1915, and is published as Volume VII of the Bross Library. The author in a thoroughly scholarly way takes up the writings of those who have endeavored to offer a mythical interpretation of the story of the Christian religion or the person of its Founder, a modern scheme which has been developing in the last century and a quarter. Though many of the explanations made by these writers are absurd, they are dealt with in a convincing manner, but without ridicule. The author shows himself fully acquainted not only with the writings of those advocating the mythical interpretation, but also with the literature of the ancient myths with which the incidents of the New Testament are sought to be identified. While we cannot approve the author's arguments *in toto*, the book is without question a very valuable contribution to the literature on the subject. L. L. C.

Not by Bread Alone

by Harvey W. Wiley, M. D. 374 pages; $2 net. Hearst's International Library Company, New York.

To most Americans, Dr. Wiley's name alone will be sufficient guaranty of the value of this book, which is based on his articles published in *Good Housekeeping*, in 1914. The effort has been made to present the principles of human nutrition in plain and simple language for the nonscientific reader. Simplicity and variety are the keynotes. While, in his fight for pure food, the doctor maintained a position regarding sodium benzoate, which the members of the referee board of consulting scientific experts considered untenable, on the whole he has written the present work in harmony with the consensus of authoritative opinion, which favors the use of a mixed rather than a nonmeat diet. Nevertheless he is vigorous in his opposition to the use of stimulant drinks, as is witnessed by the following quotation: —

"The use of tea, coffee, and chocolate, of soft drinks of a practically harmless character, and of so-called soft drinks containing an added alkaloid, is to be avoided with the utmost care."

Civilization and Womanhood

by Harriet B. Bradbury. Price, $1 net. Richard G. Badger, Gorham Press, Boston.

This book treats of the condition of women in the great civilizations, tracing human development from prehistoric times to the present. The central thought is the improved status of woman and the home, and the better relationships between men and women, which have come with race development.

Among the topics treated are: "The Feminist Movement;" "The Beginnings of Love;" "Love and Law in Hinduism;" "Confucianism and Filial Duty;" "The Fujiwara Development;" "A Darker Side of Japanese Life;" "Mohammedan Ideals;" "Woman in Pagan Europe;" "Chivalry and Its Results;" "The Home Life;" "The Modern Outlook;" "Eugenics and Race Suicide."

The author believes that while the status of women is improving in all countries, much faster perhaps in the West than in the Orient, the improvement ought to and will continue.

Regarding eugenics she has this sensible advice: "The most that can reasonably be done for eugenics is to teach the laws of sex hygiene and awaken a sense of responsibility in parenthood, that people may govern themselves rationally in this matter. . . . Mental influences probably have more to do with the character of offspring than some of our physicists recognize. True eugenics is simply sex hygiene plus spiritual living plus genuine love."

Wandering Stars

by Rev. Andrew Hansen. Price, $1 net. George H. Doran Company, New York.

This is a book of two-page sermons to the junior congregation, by a prominent New Jersey pastor whose wide experience with the younger generation enables him to appeal successfully to children. Among the suggestive titles to these sermonets, are: "The Lord's Library," "The Swiftest Thing in the Bible," "The Lamp of the Wicked," "Pay as You Enter," "Clouds Without Water," "Foolish Excuses," "How to See Jesus Today," "The Bible's Untamable Animal." There are fifty of these little talks filled with spiritual meat adapted to the mental grasp of the children.

MARBLES FROM THE PEDIMENT OF THE PARTHENON, NOW IN BRITISH MUSEUM

Ashes in Pasteur Institute

According to Metchnikoff's wish, his body was cremated, and the ashes will be kept beside those of Pasteur in the Pasteur Institute, Paris, where the greater part of his life work was done.

Horse-Chestnuts as Human Food

A German investigator has succeeded by extraction with water and alcohol in removing the bitter principle of horse-chestnuts, and has produced from them a good grade of flour which has been satisfactorily used in bread making. This, however, was in Germany, where almost anything that would make bread would be considered satisfactory.

Race Susceptibility

Different races of people vary in their susceptibility to disease. Those which are more immune are usually so because of generations of contact with the disease. If the American Indian contracts tuberculosis, he almost surely succumbs. The Jew, on the other hand, living often amid most insanitary surroundings, often has tuberculosis but seldom dies of it. He is particularly susceptible to diabetes. The Negro race seems to suffer comparatively little from pellagra, but is susceptible to tuberculosis, syphilis, and fibroid and keloid tumors.

State Narcotic Laws Not Uniform

Since the United States Supreme Court has ruled that the federal government cannot control possession of habit-forming drugs, this must be done by State legislation. Many of the States have already enacted laws to control the sale of narcotics, and others will probably do so. In the November issue of the *Medical World* is a carefully prepared table, which gives at a glance the provisions of the various State and city laws regulating the use of habit-forming drugs.

Infantile Paralysis Through Food

According to Dr. H. T. Burrows, of Johns Hopkins, the germ of infantile paralysis enters the victim by the mouth, and does its first, if not its greatest, harm in the large intestine. This raises the question whether the disease is spread by the use of uncooked foods, and some have suggested that perhaps the Pasteurization of all milk would prevent its spread among infants. If this were so, we would expect to find the disease confined to certain dairy routes, which is by no means the case. There is nothing in the incidence of cases that indicates milk, other foods, or water, to be a means of transmission.

Remedy for Hoarseness

According to the *Medical Summary*, an excellent remedy for catarrhal affections of the air passages, hoarseness, and affections of the voice is a mixture of one part witch-hazel and two of pure glycerin, to be used as a swab, a gargle, or a spray, as often as the case may require.

Treatment of Burns

Herrick, in the *New York Medical Journal*, suggests in case of severe and extensive burns to immerse the patient in a bath containing two to four ounces of sodium bicarbonate. The temperature of the bath should be raised for subnormal temperature and shock, or lowered for fever. According to Herrick this treatment is unequaled.

Paper Cones for Soda Fountains

Paraffined-paper cones are in use in soda fountains to serve soda and ice cream. The soda cones are narrow and deep, the ice cream cones shallow and of wider angle. They are used in appropriate holders, and are as satisfactory as the glass dishes and certainly more sanitary, for as they are used only once, each customer has a clean dish.

Quacks Prosecuted

Quacks who sold supposed preventives and cures for infantile paralysis have been severely punished. A maker of amulets, which he claimed would ward off infantile paralysis, and which were found to be bags of cedar shavings, was fined $250. Another charlatan selling what he called a cure for infantile paralysis, consumption, rheumatism, and other ailments, was given thirty days in jail. His preparation consisted of red pepper, sassafras, and alcohol. If people could only realize the fraudulent nature of patent nostrums and quit "biting," these quacks would soon go out of business.

Cottonseed Meal as Food

Anna E. Richardson and Helen S. Green have reported in the *Journal of Biological Chemistry* their investigations regarding the suitability of cottonseed meal for human consumption. Their report is based on a number of feeding experiments to determine the efficiency of cottonseed meal as a food for promoting the growth, development, and reproduction of the albino rat. The results indicate that cottonseed meal does not contain sufficient minerals for growth, but does contain sufficient protein, and is otherwise a favorable food. It seems to contain no actively injurious substance. The lack in minerals can be made up readily by the use of some food, such as milk, rich in minerals.

Hexamethylenamine

Howell and Keyser presented a report at the American Pharmaceutical Association in which they expressed the opinion that hexamethylenamine is not a uniformly safe drug to use, that it has many deleterious actions, and that the only safe use for it is for fuel. This drug is sold under the trade name "urotropin."

Pyorrhea Treatment

Koch, in the *Indianapolis Medical Journal*, says that dental treatment alone, without the use of emetine, will not cure pyorrhea. A rational management of the disease, he says, requires the employment of both measures: dental instrumentation to remove the predisposing cause and factors that interfere with healing, and emetine hydrochloride to remove the exciting cause.

League for the Increase of the French Birth Rate

Owing to the peril that threatens France from the tendency to limit the birth rate, patriotic citizens are uniting in a league, the purpose of which will be to carry on a propaganda of education regarding the duty to contribute to the increase in population. Not having a constant tide of immigration, and decimated by the war, France will feel the need of taking steps to insure an increasing population.

Medical Treatment for Adenoids

In all cases where an operation is unadvisable, Falkner, in the *Medical Record*, recommends the use of chemically pure resorcin and pure water, equal parts by weight; or for infants, one part of resorcin to two parts of water. This is applied through the mouth, behind the palate, and up against the adenoid enlargement, by means of absorbent cotton held with properly curved forceps. Applications are made once daily for ten or twelve days.

Simple Rules of Health

Greely, as quoted in *Wisconsin Medical Journal*, suggests, for the prevention of diseases of metabolism (including obesity, diabetes, gout, and rheumatic disorders), the following: thorough mastication; reduction to a minimum of meat, starches, and sugar; increase in amount of fruits and vegetables eaten; the use of only one cereal at a meal; living more slowly; the cultivation of a hobby — a resource for happiness when the real work of life must be suspended.

Simplest Cure for Scurvy

Fruit juices, orange or prune, are the time-honored remedy for infantile scurvy, but the white potato has proved just as efficacious and within the reach of the poorest family. The proportion generally used is one tablespoonful of mashed potato to one pint of water, and is added to the twenty-four hours' feeding of milk in place of the usual cereal diluent. The potato should be pared very thin, and an average-size potato when mashed covers the amount needed. The mashed potato can be added to the water in which it is boiled, and thus all the vitamines are conserved.— *Medical Record.*

Mineral Oil Not Harmless

At the recent meeting of the American Pharmaceutical Association, R. F. McDonald, of New York, stated that a long series of experiments on animals had convinced him that mineral oil is far from being the harmless substance that it is supposed to be. Part of the oil seems to be absorbed, and he believes that this may act as an irritant, producing tissue change simulating cancer.

Appendicitis from Pinworms

In a paper read before the annual meeting of the Medical Society of the State of New York, May, 1916, Dr. Alfred W. Armstrong stated that in a few cases of appendicitis in children he had found pinworms in the appendix. He believes that the pinworms may in some cases cause appendicitis, possibly by causing such an irritation of the mucous membrane that the bacteria can become injuriously active.

To Mothers of Infants

Infants of France are much more rugged this year than were the infants of a year ago. It has been suggested that the reason for this is that owing to war conditions many more mothers nurse their infants than was formerly the case. It would seem that this fact more than counterbalances the unfavorable conditions caused by the war. This item should be taken to heart by American mothers.

Treatment of Pyorrhea

Talbot, in the *Texas Journal of Medicine*, calls attention to the importance of treating pyorrhea by removing all deposits, polishing denuded roots, and curetting the sharp angles of the alveolar processes. To do the work properly requires instruments especially shaped and tempered, and a high degree of skill. Many dentists are able by this method, assisted only by local medication and thorough mouth hygiene practiced by the patient, to cure between 50 and 75 per cent of all cases of pyorrhea. He believes that this percentage may be raised much higher by the use of vaccines, the injection of emetine, and other constitutional treatments.

Diet in Arteriosclerosis

According to the *British Medical Journal*, "first and foremost the diet must be lacto-vegetarian, that is to say, 'milk and articles made with milk, fruit, and a few eggs.'" If meat is eaten at all, it should be limited in quantity, very fresh, and well cooked, and only the white meat used. Not more than two eggs should be eaten a day. The food, then, will consist in the main of vegetable soups, farinaceous articles, certain cooked vegetables, including beans and green peas if well borne, stewed fruit, jam, and cream cheeses. The dishes must not be highly flavored, and not much butter, and still less salt, should be used, especially if there be a tendency to edema. Among the articles which should be forbidden are named various forms of game, fish, and preserved foods. "Spirits, tea, coffee, and tobacco are to be absolutely forbidden."

Prohibition in Canada

It is unlawful to retail liquor in Prince Edward Island, Saskatchewan, Manitoba, Nova Scotia, Alberta, and Ontario. New Brunswick will be dry after April 30, 1917, and British Columbia after June 30, 1917. The province of Quebec is still the refuge of the liquor men. Yukon Territory decided wet by a few votes.

Exposure and "Colds"

Of late years there has been a tendency to attribute colds largely to infection rather than to atmospheric or weather influence. Miller and Noble *(Jour. Exper. Med.,* September, 1916) have performed a series of experiments on rabbits artificially infected with a germ capable of producing "snuffles" in the rabbits, equivalent to cold in a person. It was found that the rabbits were much more subject to infection from the germ when exposed to chilling after being accustomed to heat. Inasmuch as there are in the nasal passages, practically all the time, germs capable of causing infection under favorable circumstances, it can be readily understood why one might "take cold" from a draft, and yet the cold be an infection.

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Christiania Health Home, Akersgaden 74, Christiania, Norway.

Friedensau Sanitarium, Friedensau, Post Grabow, Bez. Magdeburg, Germany.

Kimberley Baths, 7 Cheapside, Kimberley, South Africa.

Lake Geneva Sanitarium (Sanatorium du Leman), Gland, Ct. Vaud, Switzerland.

Natal Health Institute, 126 Longmarket St., Pietermaritzburg, Natal, South Africa.

River Plate Sanitarium, Diamante, Entre Rios, Argentina, South America.

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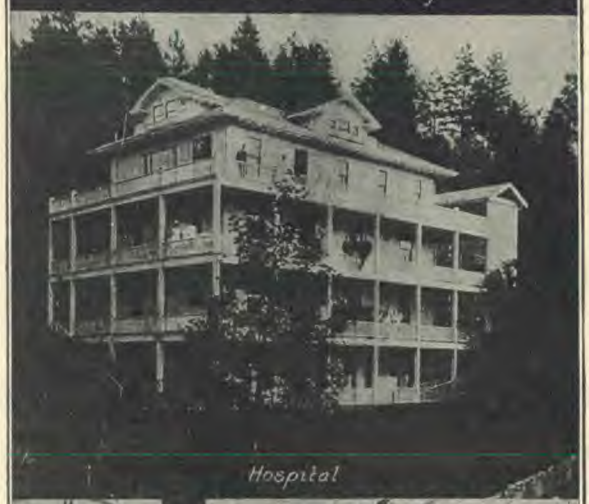

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